

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)

SERIAL NO.
10/574111

FILING DATE
3/31/06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2	1		1			
3	2		1			
4	3		1			
5	4		1			
6	5		1			
7	1		1			
8	1		1			
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TOTAL IND.			1	1		
TOTAL DEP.			1	1		
TOTAL CLAIMS			1	1		

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			1	1		
TOTAL DEP.			1	1		
TOTAL CLAIMS			1	1		